Effective on 12/08/2004.					Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).										
FEE TRANSMITTAL					tion Number	10/552,12				
For FY 2009					Filing Date 10/5/2005 First Named Inventor Tamas Hume					
					First Named Inventor		an			
✓ Applicant claims small entity status. See 37 CFR 1.27					Examiner Name Art Unit		111	***************************************		
TOTAL AMOUNT OF PAYMENT (\$) 425,00					y Docket	2854 1376 - 05	2025		7.43-47-1	
					y Docket	1370 - 03	13033			
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order Other (please identify):										
Deposit Account Deposit Account Number:										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
FILING FEES SEARCH FEES EXAMINATION FEES										
					Entity Small Entity					
			<u>'ee (\$)</u>	Fee (\$)	Fee (\$)		Fees P	<u>aid (\$)</u>		
Utility	330	82	540	270	220	110				
Design	220	110	100	50	140	70				
Plant	220	110	330	165	170	85				
Reissue	330	165	540	270	650	325		<u> </u>		
Provisional	220	110	0	0	0	0		***************************************		
2. EXCESS CLAIM FEES								F00 (\$)	Small Entity Fee (\$)	
Fee Description Each claim over 20 (including Reissues) 52								26		
Each independent claim over 3 (including Reissues)								220	110	
Multiple dependent claims								390	195	
· ·			ns <u>Fee</u>	<u>(\$)</u>	Fee Paid (\$)		Ţ	Multiple De	ependent Claims	
x				= .				Fee (\$)	Fee Paid (\$)	
HP = highest number	of total claims paid	I for, if greater tha	ın 20.							
Indep. Claims	<u>- 3 or HP</u>	Extra Clain	ns <u>Fee</u>	<u>(\$)</u>	Fee Paid (\$)					
III) = hishard and 1	of independent ala	ims naid for if	X	=			. •			
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under										
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets	Extra Sh			ach addit	ional 50 or fra	ction thereof	Fee	e (\$)	Fee Paid (\$)	
- 100 = /50 = (round up to a whole number) x =										
4. OTHER FEE(S) Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): two-month extension of time (245) Supp. IDS (180)									425.00	
SUBMITTED BY										
	1,)	1 1	10		gistration No.	00.400	Tel1	one 4.	10 471 0017	
Signature (Attorney/Agent) 28,498 Telephone 412-471-8815										
Name (Print/Type	Richard I	. Byrne		•			Date	Anon	st 18, 2009	